

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 8 / 9

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Missouri Farm Bureau Federation Statewide Farm PAC		<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00405761	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee KRES Radio		Date M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 6	
Mailing Address P O Box 619		Amount 1320.00	
City Moberly State MO Zip Code 65270		<b>Transaction ID:</b> SE24.4237	
Purpose of Expenditure Radio ad's Behnen		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 2998.80			
Full Name (Last, First, Middle, Initial) of Payee KRES Radio		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address P O Box 619		Amount 1940.00	
City Moberly State MO Zip Code 65270		<b>Transaction ID:</b> SE24.4241	
Purpose of Expenditure Radio ad's Talent		Office Sought: <input type="checkbox"/> House State: MO <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Jim Talent		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 23327.61			
(a) SUBTOTAL of Itemized Independent Expenditures .....		3260.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....		-0.20	
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Mr. Marcine Niemeyer Signature		Date M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 7	